



PETITION FOR WAIVER OF PENALTIES AGAINST A TAXPAYER OR TAXPAYER'S REPRESENTATIVE ON REAL PROPERTY

State Form 53165 (1-07)

Prescribed by the Department of Local Government Finance

FORM 137 TP

INSTRUCTIONS:

1. This form is to be used by a person who is seeking a waiver of the penalty of real property tax liability.
2. This form is to be filed with the county treasurer of the county in which the real property is located within thirty (30) days after the due date of the installment subject to penalty.
3. The taxpayer or taxpayer's representative must submit proof that during the seven (7) day period **before** the installment due date that an immediate family member passed away.
4. A separate form must be filed on each tax parcel.
5. If insufficient space exists to complete any part of this form, attachments are acceptable.
6. This waiver of penalty is subject to IC 6-1.1-37-10.7.

SECTION 1		PROPERTY INFORMATION	
Address of property (number and street, city, state, and ZIP code)			
County	Township	DLGF Taxing District number	Parcel number (file a separate form for each parcel)
Name of taxpayer		Name of contact person	
Mailing address of contact person or taxpayer's representative (number and street, city, state, and ZIP code)			
Telephone number ()	Fax number ()	E-mail address (optional)	

SECTION 2		PETITIONER INFORMATION	
Name of petitioner			
Mailing address of petitioner (number and street, city, state, and ZIP code)			
Telephone number ()	Fax number ()	E-mail address (optional)	
What is the petitioner's relationship to the deceased family member?		Date of taxpayer's / family member's death (month, day, year)	
Provide written proof of the taxpayer's / family member's death (i.e. death certificate or published obituary)			

SECTION 3 AMOUNT OF DELINQUENT TAX LIABILITY (obtain form County Auditor)								
1	2	3	4	5	6	7	8	9
ASSESSMENT YEAR	PAYMENT YEAR	AMOUNT OF DELINQUENT PROPERTY TAXES	AMOUNT OF PENALTIES	AMOUNT OF INTEREST	COSTS	AMOUNT OF SPECIAL ASSESSMENTS	TOTAL (3+4+5+6+7)	REQUESTED AMOUNT OF WAIVER *

* Requested amount of waiver cannot exceed column 4.

SECTION 3		CERTIFICATION	
The below petitioner seeks a waiver of the total delinquent penalty on real property shown in Section 3 of this petition.			
I hereby certify that the above representations are true and correct.			
Authorized signature of petitioner or taxpayer's representative			Date signed (month, day, year)
Printed name of signatory		Title	
Full mailing address of petitioner or taxpayer's representative (number and street, city, state, and ZIP code)			

FOR USE BY THE COUNTY TREASURER ONLY		
I, treasurer of the county named below, hereby certify that this petition was filed with this office on the date noted below, and do hereby accept the petition.		
Signature of County Treasurer	County	Date filed (month, day, year)
Instructions to County Treasurer: <ol style="list-style-type: none">1. Determine if the petition is complete. The petition must have entries in all spaces (except optional spaces).<ol style="list-style-type: none">a. The petition must have proof of death attached. Proof may be a death certificate or published obituary.2. If the petition is not complete, it should not be accepted. The petition should be returned to the petitioner with a description of the deficits in the petition.3. If the petition is complete, it should be accepted and a copy forwarded to both the petitioner and the county auditor for correction of the tax duplicate.4. The petitioner has a right to appeal the final determination of the County Treasurer to deny a penalty waiver by requesting a preliminary conference with the treasurer not more than forty-five (45) days after the treasurer gives the taxpayer or the taxpayer's representative notice of the determination. An appeal is processed and determined in the same manner as that under IC 6-1.1-15.		This space for official stamp of the County Treasurer